

Date of Mailing:                    /                    /                    Local DCF Office:                   

TO:	FROM: workers's name
ATTENTION:	TELEPHONE #:
ADDRESS: Street/P.O. Box _____	ADDRESS: Street/P.O. Box _____
City _____ State _____	City _____ State _____
ZIP _____	ZIP _____

For your information, the Office, State of Kansas Department for Children and Families (DCF) interviewed your child or children:

regarding a report of abuse or neglect received by DCF.

This notice is to inform you DCF does not intend to take further action to assess this current report. If you have questions regarding this notice, please call the worker listed above.

CC: File

DCF Prevention and Protection Services D.S.O.B., 915 SW Harrison, 5th Floor- Room 530-East, Topeka, KS 66612; (785) 296-4653

